PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR (Column 1) (Column 2) SMALL ENTITY SMALL ENTITY ROR NUMBER FREED TUMBER EXTRA RATE RATE FEE BASIC FEE (37 CFR 1.16(a)) FEE \$385.00 57700 OB TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = x \$18,0= OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = x \$ 86.P= OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) + s29b.= OR * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) OR (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE ADDI-RATE ADDI-ENDMENT AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT FEE FEE Total (37 CFR 1.16(c)) Minus OR Independent (37 CFR 1.16(b)) Minus × 543 = OR ₹ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(d)) + s290. OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Cotumn 3) CLAIMS HIGHEST α REMAINING PRESENT NUMBER RATE ADD1 ENT RATE ADDI-**AFTER** PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE: 1ENDME Total (37 CFR 1;16(c)) Minus OR Independent (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST \circ REMAINING PRESENT NUMBER RATE ADDI-RATE ADDI-**AFTER** PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT ũ FEE FEE Total (37 CFR 1.16(c)) Minus END OR Independent (37 CFR 1.15(b)) Minus x \$ 810 OR AM FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) s290 .OR TOTAL TOTAL ADD'L FEE ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 9960204						ź	
CLAIMS AS FILED - PART I (Column 1) (Column 2)			SMALL ENTITY OTHER THAT				
TOTAL CLAIMS	29		RATE	FEE	7	RATE	FEE
FOR	NUMBER FILED	NUMBER EXTRA	BASIC F	EE 355.00	1	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS	39 minus 20=	. 18	X\$ 9:	<u> </u>	OR	X\$18=	34200
INDEPENDENT CLAIMS	云 minus 3 =	•	X40=		1	X80=	9.70
MULTIPLE DEPENDENT CLAIM PRESENT					OR	7,002	<u> </u>
* If the difference in column 1 is less than zero, enter "0" in column 2		***************************************	·+135=	:	OR	+270=	
it the district in column 1 is	iess inan zero, enter	"U" in column 2	TOTAL	-	OЯ	TOTAL	65Z
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If the entry in column 1 is less than the entry in column 2, write "0" in column 3.			+135=		OR	+270=	_
" If the "Highest Number Previously Paid ""If the "Highest Number Previously Paid The "Highest Number Previously Paid	I For' IN THIS SPACE is I I For' IN THIS SPACE is I	ess than 20, enter "20,"	TOTAL ADDIT, FEE und in the ap			TOTAL DDIT. FEE on 1.	

Application or Docket Number